

11/04/98
Jc618 U.S. PTO

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	30566.57USRE
First Named Inventor	Brian D. Gantt
Original Patent Number	5,572,639
Original Patent Issue Date (Month/Day/Year)	November 5, 1996
Express Mail Label No.	EL140907958US
Total Pages	86

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 CFR 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 CFR 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☒ Ribbonded Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 CFR 3.73(b) Statement ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☒ Transfer drawings from Patent File
- ☐ Foreign Priority Claim (35 USC 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ Small Entity ☐ Statement filed in prior application, Status still proper and desired
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ Other: Check No. 1371 for \$2372.
to cover Reissue filing fee.

15. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME	George H. Gates				
	Gates & Cooper				
ADDRESS	6701 Center Drive West, Suite 1050				
CITY	Los Angeles	STATE	California	ZIP CODE	90045
COUNTRY	U.S.A.	TELEPHONE	(310) 641-8797	FAX	(310) 641-8798

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

30566.57USRE

09/186710

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 24	Total Claims (37 CFR 1.16(j))	(B) 81	**** 57 =	x \$	=	or	x \$22 = \$ 1254.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 7	* 4 =	x \$	=		x \$82 = \$ 328.00
Basic Fee (37 CFR 1.16(h))					\$		\$ 790.00
Total Filing Fee					\$	OR	\$ 2372.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

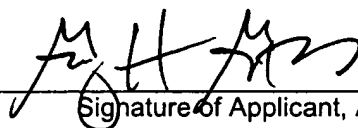
☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0494.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 2372.00 to cover the filing / additional fee is enclosed.

Nov. 4, 1998

Date



Signature of Applicant, Attorney or Agent of Record

George H. Gates

Typed or printed name